

| CLAIMS ONLY | | | | | | | Application Number 09/930,099 | Filing Date |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| | | | | | | | * May be used for additional claims or amendments | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 2 | | | | | | | |
| Total Depend | 22 | | | | | | | |
| Total Claims | 24 | | | | | | | |